

Civil Action No.: 1:13-CV-10685-FDS

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (b))

This summons for (name of individual and title, if any) Ocean State Pain Management  
was received by me on (date) 2/20/14.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_

\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address, or

☒ I served the summons on (name of individual) Atty. Sean Cappelis, who is  
designated by law to accept service of process on behalf of (name of organization) Ocean  
State Pain Management on (date) 2/20/14; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date \_\_\_\_\_

Server's Signature \_\_\_\_\_

Printed name and title \_\_\_\_\_

Server's Address \_\_\_\_\_

Additional information regarding attempted service, etc.:

*h/k*  
Sean Cappelis  
counsel for  
Ocean State  
Pain Management  
Cappelis & Camors  
18 Tremont St  
Suite 200  
Boston MA  
02108

**CERTIFICATE OF SERVICE**

I, Frank Prokos, hereby certify that I caused a copy of the foregoing to be filed electronically via the Court's electronic filing system. Those attorneys who are registered with the Court's electronic filing system may access these filings through the Court's system, and notice of these filings will be sent to these parties by operation of the Court's electronic filing system.

*/s/ Frank Prokos*

Frank Prokos, Esq.  
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Date: 03/04/14